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PSYCHOLOGICAL REPORT: Adam Savader

D.O.B. 4/15/92

I first examined Adam Savader on May 6, 2013 at MDC in Brooklyn where he was incarcerated. I consulted with his parents on May 7, 2013 for several hours during which they completed a developmental and psychosocial history for their son. After his release, I began treating Adam for the multiple complex psychological conditions that have plagued him since childhood. He attended weekly sessions from May 30 to June 20, 2013 and twice weekly sessions thereafter to August 27, 2013. I have also administered psychodiagnostic tests, MMPI-2 and MCMI-III.

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In July 2013, Adam Savader's emotional state became more fragile and he spoke of suicide. His therapy sessions were increased to twice weekly. I contacted his assigned pre-trial PO, Ms. Christina Borque and she has been apprised of Mr. Savader's psychological issues and his progress in treatment.

In formulating my forensic opinion and submitting this report, I have relied on the following sources of information:

- Evaluation and treatment of Mr. Savader from May until August 2013 for a total of 10 sessions
- Clinical Interview, history taking, mental status exam;
- Administration, scoring and analysis of objective Psychological tests, MMPI-2 and MCMI-III
- Narrative history from Adam Savader and his parents
- Case materials from the prosecution
- Consultation with his attorney, Michael Soshnick
- Adam Savader's records from Pre-school, Elementary, Jr. High and High School regarding his classification of ADHD and special education.
- Neurological, psychological, speech pathology and occupational therapy evaluations
- Medical records from Boston Children's' Hospital R. Michael Scott, M.D.
- Consultation with Dr. De Santis, Dr. Behr, Dr. Simon
- Consultation with PO Christina Borque

OBSERVATIONS:

When I first met Adam Savader at MDC, he appeared disoriented and terrified like a small child without any ability to comprehend the dire situation in which he found himself. He looked much younger than his age of 21. Although he attempted to present a brave and rational front, he was experiencing an enormous level of emotional distress. I attempted to administer the MMPI-2 to him but he was so distractible and so impaired in his focus and concentration that it was impossible. After each question, he asked for an explanation indicating that he was unable to read and understand the simplest concept. His thinking was tangential, derailed and over inclusive. I asked if it would help if I read the questions to him and he marked the answer sheet true or false (an acceptable alternative administration practice when the patient has difficulty reading and comprehending the questions –although the MMPI-2 is at a 6th grade reading level) Adam agreed but continued to be so fragmented in his attention span that we were not able to continue. His level of ADHD (Attention Deficit Hyperactivity Disorder) was extreme. When I asked him about his medications, he indicated that he was receiving his anti-depressant from the facility infirmary but that they were not permitted to dispense the Concerta, an amphetamine-derivative which helps him control his ADHD. Without his necessary medication, Adam's concentration and attention was so impaired as to make further testing impossible.

Mr. Savader spent 31 days incarcerated and transferred through several facilities within the Federal Bureau of Prisons. He was finally released on house arrest with electronic monitoring. On May 30, 2013, Mr. Savader was permitted to attend regular therapy session with me and medication management with his psychiatrist, Dr. Behr.

Adam Savader is punctual, well-groomed and polite at all his sessions. He is extremely scrupulous about the conditions of his monitoring and becomes very anxious if he does not get direct authorization for his visits. Although his express intention is to strictly adhere to his pre-trial conditions, there also is an OCD quality in his approach. Occasionally this has interfered with his attendance at a session and necessitated my formalizing the routine arrangement with his PO.

It is extremely difficult to discuss the details of his alleged offense during our session because Mr. Savader becomes very anxious and manifests physical signs such as faintness, shortness of breath, tightening in his chest, sweating and queasiness in the pit of his stomach. On the verge of a full blown panic attack, he pleads with me to stop.

In July 2013, Mr. Savader's medication was changed to include Lithium, which is a drug of choice to address Bi-polar symptoms. This medication regimen enabled him, although with great difficulty, to address the painful details of his offense and I was able to complete his forensic/psychological assessment.

HISTORY:

Adam Savader is the first child born of his parents' marriage followed three years later by a sister. He was delivered by caesarean section after his mother's difficult 24 hours labor due to

pre-eclampsia. According to Mrs. Savader, Adam met all normal developmental milestones for walking, talking and toilet training.

However, when Adam was 3 years old, he was referred for evaluation to the Early Intervention System of the Great Neck School District because his speech was delayed and inarticulate. He was provided with speech/language services twice a week individually for 45 minutes at home. Improvement in his vocabulary and articulation was noted.

In 1994, Adam Savader began attending the Temple Israel pre-school program five days a week. In 1995, he was re-evaluated at Schneider Children's Hospital where it was concluded that he had a

> *"limited ability to produce a variety of vowels and diphthongs which interferes with his speech. It was determined that 34% of his speech within conversation is unintelligible. Speech and language therapy appears indicated to address these deficits to preclude further interpersonal frustration and improve communication skills."*

It is typical for a bright child like Adam who has superior verbal skills to become frustrated and socially marginalized if he is unable to communicate his needs. The evaluation performed at that time by Karin Marotto, Occupational Therapist, described Adam Savader as *"sweet and adorable"* but noted that he was easily defeated when tasks were challenging. She also observed that he demonstrated significant delays in certain visual motor areas, specifically graphomotor, position in space (puzzles) and spatial relations (block designs). For example, Adam Savader drew a person at the 2 year old level although he was 3 years and 7 months old and he required cues and prompting to include facial features. He was also lagging behind in independent skills such as dressing himself. Occupational therapy was recommended.

A psychological evaluation performed by Diane Marttin, M.A. at that time noted that he was a *"very appealing child"* whose attitude was *"cooperative and friendly"* but who was very variable and scattered in his performance. She noted that at certain times he approached tasks with *"intense concentration and determination"* while at other times, especially when the tasks were more challenging, he showed *"minimal persistence and displayed signs of distractibility and/or avoidance."*

She also noted that:

> *"If something was perceived as too difficult, Adam became easily frustrated and was quick to abandon the task. At these times, his motor behavior was marked by fidgeting and restlessness."*

This appears to be the genesis of a pattern of ADHD, disorganization and defeatedness that characterizes Adam Savader's approach to difficulties in the present. In her report she further observes that Adam Savader would often become *"tangential" when* presented with a challenge and had great *"difficulties organizing his productions."* In short, even as a small child, Adam Savader had an impaired ability to cope with the demands of a challenging environment, and would retreat from the task and become confused and dysfunctional. Such was the precursor

of the adult pattern that Adam Savader manifested when faced with the disappointment of the election defeat.

In 1996, an annual review by the New York Therapy Placement Services indicated that Adam Savader's *"progress is difficult to assess due to inconsistent compliance in performance of therapist presented tasks."* It was noted that he had improved in his articulation but that he *"often speaks at a fast rate which causes him to rush through words."* At this early age, Adam Savader was beginning to show the psychomotor agitation and hypermanic personal tempo that would portend his ADHD and adult mania.

In 1997, the family re-located to Columbus, Ohio for his father's employment. Adam attended kindergarten there where his teacher described him as *"very verbal and very bright"*. However, he began to exhibit OCD-like behaviors.

In 1999, the Savader family returned to New York and Adam was enrolled in first grade at the Solomon Schechter School in Jericho. He experienced no academic or social difficulties until third grade when teachers reported that "*he needed a lot of classroom attention."*

Adam Savader has a medical history which includes asthma and a major neurosurgery at age 7 for a tethered spinal cord. According to his mother:

> *"This was quite a traumatic experience for Adam which he described as "fiery swords in my back." He missed almost 2 months of school (2nd grade) and was home schooled."*

The surgery was performed at Boston Children's Hospital in 1999. According to the surgeon's report, Adam Savader was a normal healthy child who had a positive outcome from the surgery. A psychiatric examination was conducted to assess his coping ability with hospitalization. Adam Savader was diagnosed with adjustment disorder with mixed anxiety and depression. These symptoms have been chronic for Mr. Savader and continue to create significant disturbances in his daily functioning, his judgment, and his ability to regulate his mood states and control his impulsive behavior.

In 2006, when Adam Savader was 14, he was again examined by Dr. R. Michael Scott at Boston Childrens Hospital because he was complaining of back pain, *"his legs jumping and twitching, and he is worried that he has a restless leg syndrome."*

Dr. Scott notes," *upon examination, this youngster has a really very normal exam."* In the surgeon's opinion *"the pain, which has been intermittent and random...seems to be more a cause for psychological concern than anything else."*

In 2000, Adam Savader was evaluated for learning disabilities at Hofstra University. Results of the IQ tests reveal that Adam Savader was functioning in the high average level with much scatter, i.e. marked differences, between his relative strengths and weaknesses in certain areas. He demonstrated weakness in *"visual memory, ability to analyze word problems, planning, sequencing, clustering and chunking abilities."* The ability to organize, sequence and plan continues to be a problem for Adam Savader and was directly related to his offense in that

his ability to think ahead to the consequences of his behavior is severely deficient. The fact that the offense behavior occurred in virtual reality made it even more difficult for Adam Savader to comprehend and predict the negative consequences in real life and to exercise good judgment and appropriate controls over his manic behavior.

The psychologist notes that Adam Savader's performance on the academic achievement part of the test was in the very superior range, far in excess of what was consistent with his IQ level. She hypothesized that Adam Savader was a very driven over-achiever who was performing maximally in school. For example, Adam Savader, despite his above average intelligence, scored in the mentally deficient range on a test of motor skills. She attributed it partially to his rushing and inattention but she also noted that he appeared to have a visual-motor delay. She recommended that he be examined by a neurologist in order to more precisely asses his visual-motor delays.

According to a neurological evaluation conducted by Marcia Bergtrau, M.D. in 200, Adam Savader manifested *"substantial difficulties with organizational skills with developmental delays in visual motor integration skills."* She prescribed occupational therapy to address his deficits.

In 2001, Adam Savader transferred to the Great Neck Public Schools where there were more resources available for special needs students. Evaluations conducted in the Great Neck Public Schools reveal that "*Adam needs constant redirection to stay on task. He needs assistance with organization in order to complete his assignments."* In the area of his social development, it was noted that *"he tends to act out for attention. He calls out frequently and at times is disrespectful to adults. Adam needs constant reminders to stay on task."*

By 2001, Adam Savader's dysfunctional, hyperactive behavior is increasing. He is running around the classroom: blurting things out; not waiting for his turn and making inappropriate jokes but is still described as *"very cute, animated, very excited."* This is a very apt description of manic behavior in a child. His teacher clearly differentiates Adam's Savader's behavior, although disruptive, from anger or anti-social attitudes.

A 2001 psychological evaluation (3rd grade) by Dr. Linda Goluboff *"connotes problems with authority, directives, organization, concentration, completing tasks, restless and impulsive behavior, prone to emotional reactivity"* She diagnoses Adam Savader with DSM-IV ADHD. The clinical picture has not changed significantly for Adam Savader as a young adult despite many years of medication management and psychotherapy.

Although Adam Savader's ADHD was severe, he was able to progress through school with no further major difficulties other than a few suspensions for minor infractions and acting out. Mr. Savader's high school years were uneventful. He obtained good grades but was not active in sports or other extracurricular activities. He did not have any experience with girls. Adam Savader described himself as the quintessential "nerd".

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Adam Savader's most memorable teenage experience was in the summer after 9th grade when he took a Teen Tour bus trip that visited the sights in Boston, Toronto, Niagara Falls and Philadelphia. He enjoyed being part of a group in a structured activity

In consideration of his high intelligence, it was recommended that he graduate from high school a year early and attend Simon's Rock, a division of Bard College, in Vermont. Adam Savader believes that this was a mistake for him since he did not fit in with the *"ultra-liberal...heavy drug use"* among the students. It also took him away from his comfort zone of family and friends he had established back home.

Adam Savader's entire developmental record indicates that he is able to focus and perform adequately only when he is involved with a highly structured situation. Being set adrift in an unfamiliar and free-form environment precipitated major anxiety for him that he was unable to cope with.

After the first year, Adam Savader transferred to George Washington University where he majored in Political Science, became involved with College Republicans and thrived in the Washington D.C. environment. When he started to volunteer for internships, it began to take up all his energy for his studies and social relationships.

Adam Savader was diagnosed with ADHD in elementary school and has also suffered from anxiety and depression for most of his young adult years. He has received psychiatric and psychological treatment since childhood and has been prescribed various psychoactive medications which manage his symptoms with varying degrees of success. Mr. Savader continues to manifest serious symptoms of Bipolar Disorder with intense anxiety and alternating episodes of depression and mania. He experiences obsessive thoughts and ruminations that frequently trigger suicidal thoughts. He is presently maintained on an aggressive regimen of Lithium, anti-depressants, antianxiolitics and Concerta for his ADHD. His psychiatrist, Dr. Behr is working with him to achieve better symptom relief. Adam Savader is receiving psychotherapy with Dr. DeSantis to help him gain insight into his illness and develop better coping strategies and social skills.

PSYCHODIAGNOSTIC TESTING:

I administered the following objective psychological tests to Mr. Savader:

MMPI-2 (Minnesota Multiphasic Personality Inventory -2))–diagnoses psychopathology

MCMI-III (Millon Clinical Multiaxial Inventory-III) describes personality styles and disorder

Adam Savader has extreme difficulty attending to the questions even when he is properly medicated. Mr. Savader manifests much psychomotor agitation and flight of ideas typical of Bipolar mania complicated by his ADHD/OCD. Consequently the testing process is slow and care must be taken to ensure that he comprehends the questions and that he is responding accurately in order to obtain a valid clinical profile.

Mr. Savader struggled to complete the 566 items in the MMPI-2. It required over four separate meetings with an alternation of him reading the questions and me reading them aloud to him before he could complete it. Despite the cautious test procedure and extended time to ensure that Adam was comprehending and responding accurately to the items, his responses were somewhat inconsistent suggesting that he had difficulty maintaining his attention. After I scored and analyzed his results, I reviewed the inconsistent items with him, and determined that they were not of sufficient magnitude to invalidate his results.

All scales on Mr. Savader's MMPI-2 profile are elevated in the clinical range. It is an accurate measure of the extreme degree of psychological distress he is experiencing. He manifests severe symptoms of depression and paranoia. This tendency has been exacerbated by his current circumstances which have aggravated his chronic low mood, feelings of inadequacy and hopelessness about the future. He has very little energy to face the problems in his life and he is barely able to function within the limited confines of house arrest in his parents' home. Adam Savader is extremely tense, irritable and preoccupied to an obsessive degree with his problems. His ruminations are disturbing and unproductive because he is unable to understand why he engaged in the behavior which prompted his arrest and his current difficulties.

Adam Savader tends to be extremely pessimistic and views the world in a negative manner. He worries to excess and interprets even neutral events as threatening. His self-critical nature interferes with his ability to take risks, maintain friendships and derive pleasure in life. He believes that in committing this offense he has irrevocably ruined his life. He cannot see that redemption and rehabilitation are possibilities for him. All assurances that he can recover through his medication and psychotherapy and that there is a second-chance to realize his aspirations and live a good life after he has paid his debt to society, fall upon deaf ears. Adam truly thinks that he is doomed because of this horrible mistake and that he will never get over it.

The elevated profile obtained by Mr. Savader is extremely rare in samples of normals occurring in less than 1%. However, the relative frequency of this type of MMPI-2 profile is high in various outpatient settings. (13%)

Mr. Savader's test results are typical of individuals who experience difficult interpersonal relationships. At times, he may avoid close relationships because he feels extremely vulnerable. While he does not easily trust people, he feels confused and angry that he is so alone.

Mr. Savader is emotionally alienated from others. He does not have many friends. Although superficially friendly, he is distant and hard to get to know and can be shy and

inhibited in social situations. This tendency to be withdrawn is aggravated by his current situation. Adam feels ashamed and is afraid of being rejected and hurt by others. He lacks the confidence to assert himself appropriately and he can frequently be taken advantage of as he was during his campaign internships. His reclusive behavior, introverted lifestyle and tendency to shy away from people is a feature of his underlying avoidant personality.

Mr. Savader's profile reveals a significant amount of personality pathology in the areas of emotional disconstraint, psychoticism, neuroticism and introversion.

He is suffering from a major depression with paranoid thoughts and suicidal ideation. He is plagued by persecutory ideas, extreme fears, real and imagined, and crippling anxiety. He endorses items that state that he feels blue most of the time and feels that life is no longer worthwhile. He broods continuously about his offense and reports that he has thought a lot about killing himself.

Adam Savader continues to suffer from ADHD reporting that even with proper medication he finds it difficult to keep focused on a task. He has great difficulty concentrating and he believes that there is something wrong with his mind. He also complains of strange and peculiar thoughts.

Adam reports many paranoid ideas such as believing that people have it in for him, that people are saying insulting and vulgar things about him and that even people who are kind to him may have hidden self-serving or even malevolent motives. Consequently, he avoids interpersonal relationships because it is safer not to get too close or let his guard down and trust another.

These persecutory ideas negatively impact on his family relations in that he reports that he quarrels frequently with his parents and sister because they find more fault with him than they should. He believes that his home life is not as pleasant as that of most people he knows. Adam Savader states that he retreats to the nearby home of his grandparents where he can escape the stress of his home and find a safe haven where he feels comfortable and protected.

Adam Savader's results on the **MCMI-III** are consistent with his **MMPI-2** profile and they further delineate the enduring and pervasive personality traits that underlie his emotional, cognitive and interpersonal difficulties. In addition to the serious clinical symptoms, Mr. Savader manifests a considerable level of pathology in his overall personality organization. He has not developed an adequate internal psychological cohesion and therefore has an ineffective hierarchy of coping strategies. When things get complicated or stressful for Adam, he simply falls apart. His foundation for effective emotional regulation and socially acceptable interpersonal conduct is deficient and incompetent. Due to his enigmatic attitudes and his precarious sense of self, Adam is pulled in self-defeating vicious circles. These deficits in his social and emotional skills result in disrupted relationships, frustrating setbacks and an inability to achieve a consistent niche in life. Very simply, Adam Savader has no idea of who he is, where he is going and how to get there. One is tempted to view him as a lost child, arrested in his social and emotional development. When Adam Savader is in a highly structured setting, as he was during the Gingrich and Romney campaigns, he is usually able to function on a

satisfactory basis but when that structure is withdrawn he descends into marked emotional, cognitive and behavioral dysfunction.

The **MCMI-III** profile highlights the intense conflict between Mr. Savader's strong impulse to avoid all relationships and a competing fear of acting autonomously. He is unable to resolve this struggle which produces emotional turmoil, periods of depersonalization, magical thinking, bizarre behavior and an anxious wariness of social encounters. All of these symptoms were precipitated following the failure of the Romney campaign when Mr. Savader, feeling abandoned and worthless, resorted to the ego-dystonic behavior of his offense.

Adam Savader's characteristic discontent, impulsive outbursts and chronic moodiness are symptoms of his Bipolar Disorder. In turn they have evoked rejecting and humiliating reactions from others which have reinforced his paranoia, self-protective social withdrawal and retreat into fantasy resolutions.

Mr. Savader is trapped in a self-defeating cycle where his own volatile, mercurial and unpredictably manic behavior undermines his strong need for supportive signs of affection and attention from others. The attention and approval that he received from Callista Gingrich was like a drug which numbed all the conflicts and self-esteem issues in his life. As long as Adam Savader was a "star" , the youngest intern on the campaign trail, who would "*have an office in the White House*" as a result of his indispensable skills and devotion to the Republican presidential campaign, his psychological symptoms were controlled.

In order to keep this fantasy alive, Mr. Savader retreated more and more from his normal life. He no longer attended classes at George Washington University and ultimately failed out. He moved away from his parent's home on Long Island and relocated to Boston to manage a campaign office there. Gradually, he lost touch with all remnants of his normal life. He no longer ate or slept and he worked 19-20 hours a day on the campaign. Adam Savader's real world gradually became absorbed into his grandiose fantasy of a stellar career in politics.

Adam's hopes began to dim when Gingrich failed to receive the Republican nomination. However, he still craved the high of working in the exciting atmosphere of a campaign and sought to jump-start his own political career. He quickly garnered a position with the Romney campaign.

DSM-IV DIAGNOSIS:

Axis I:	**296. 64**	Bi-polar I Disorder, Most Recent Episode Mixed, severe with psychotic features.
	300.3	Obsessive-Compulsive Disorder
	300.02	Generalized Anxiety Disorder
	314.01	Attention Deficit/Hyperactivity disorder, Predominately Hyperactive-Impulsive type

Axis II: 301.9 Personality Disorder Not Otherwise Specified with Obsessive- Compulsive, Dependent, Avoidant, Narcissistic and Paranoid features.

Axis III: Asthma

Axis IV: negative life event, legal problems,

Axis V: 30 Serious impairment in judgment and inability to function in most independent areas of daily living.

Adam Savader also manifests features of PTSD (Post Traumatic Stress Disorder) associated with his experience of arrest and incarceration. He has distressing flashbacks which precipitate panic attacks and he exhibits intense fear of discussing the details of his alleged offense. PTSD can exacerbate his chronic underlying affective disorder.

DISCUSSION:

The Savader family is supportive and the home life appears to be nurturing and conducive to rehabilitation. Adam's parents are concerned and informed about their son's illness and extremely pro-active in ensuring that he receives help.

Adam Savader expresses sincere remorse over his actions which he is unable to integrate into his self-concept, value system and typical mode of behavior. He becomes so distressed and anxious when I begin questioning him about the circumstances that brought about his arrest, that I must discontinue the exam. His emotional state is so fragile that he experiences suicidal thoughts after each of these discussions. As a precaution, on June 20th 2013, I discussed my concerns with his PO, Ms. Borque and received permission to increase Adam' Savader's therapy sessions to twice weekly. His medication has also been increased and changed. At this point he is prescribed:

Medication	Dosage	Purpose
Lithium	600 mg 2x day	Bipolar symptoms
*Concerta	72 mg/1x/day	ADHD
Wellbutrin XL	300 mg 1x/day	SSRI anti-depressant
Zoloft	200 mg 1x/day	SSRI anti-depressant
Xanax	1 mg 3-4x/day as needed	anti-anxiety

Concerta is a controlled substance which is not dispensed by the Federal BOP due to its potential for abuse/addiction.

In the past Adam Savader had been prescribed, with minimal success, Straterra, Tenex, Focalin, Daytrana and other agents used to treat his ADHD. The high dosages of multiple and interacting psychoactive medications that Adam Savader was taking at the time of his offense must be considered as a contributory factor to his impaired judgment and hypermania. In Mr.

Savader's confused and distraught state, it is unclear how carefully he was able to adhere to his complicated medication regimen or whether he remembered to take his medication at all.

Polypharmacy is the use of five or more medications by a patient. Polypharmacy can be appropriate in severe and complex cases such as Mr. Savader's where the application of a single agent has failed to manage the symptoms of his multiple diagnoses. However, it must be prescribed and monitored with extreme caution. Concerns about polypharmacy include increased adverse drug reactions and drug-drug interactions that include impairment in reality resting, judgment and cognition.

Psychoactive drugs are highly idiosyncratic and must be monitored closely. Dr. Behr briefly prescribed Remeron for Adam, an anti-psychotic medication, but that caused drowsiness and hypersomnia and was not effective or well-tolerated by him. Adam seems to be more alert and focused on lithium. However, I did notice a slight tremor in his left hand and leg at our last meeting. Adam Savader continues to require high doses of many different psychotropic agents to control his cognitive, emotional, behavioral and affective symptoms. He suffers from mental illnesses for which there is no cure. Finding the "therapeutic window" at which optimal symptom relief is achieved without untoward side-effects is a challenge in a young person with so many complex, severe and chronic issues.

Related to but beyond his characteristic level of anxiety, Adam Savader reacted catastrophically to his arrest and subsequent incarceration. He experiences flash-backs with recurrent and distressing recollections, such as in cues that resemble or symbolize an aspect of this traumatic period in his life. It became extremely difficult to complete the forensic examination of Mr. Savader because of the intense and even physically dangerous response he had to discussing the elements of his offense. On several occasions, the examination had to be halted because Mr. Savader became terrified, started to hyperventilate and suffered a panic attack. He also experiences nightmares, difficulty falling asleep and exaggerated startle responses. When Adam is successful in avoiding discussion of these events, he experiences a subjective sense of numbing and detachment.

Adam Savader manifests many gaps in his emotional and psychosocial development. He is sexually repressed, inexperienced with girls and marginalized in his social integration. He reports that the first time he felt truly accepted and embraced by the group was when he was working on the presidential campaign of Newt Gingrich. Adam basked in the attention and approval he received and was willing to give his all to the campaign effort. He devoted so much time to this that he was unable to continue his studies at George Washington University and was forced to take a leave. Adam recalls that he only slept 2-3 hours a night during this time. All of his energy was devoted to the campaign at the expense of every other area of his life –including his studies, his family, his friends, his health and well-being. He beams when he remembers how great it felt to be part of something so important and how he reveled in the excitement and energy of the campaign. "When Callista Gingrich asks you personally to do something, you don't refuse," he reminisces.

In retrospect, this period in Adam's life was probably his first Bipolar manic episode. According to the DSM-IV-TR a manic episode is characterized by *"a distinct period of*

abnormally and persistently elevated, expansive or irritable mood." The following symptoms were apparent for Adam during his time on the campaign:

Inflated self-esteem or grandiosity –Adam Savader, a self-styled "geek" experienced social acceptance and approval beyond his wildest fantasies as he hobnobbed with prominent people like Newt Gingrich, Mitt Romney and Paul Ryan. He was the youngest person on the campaign and he worked ceaselessly to make himself the "go to guy" for everything.

Decreased need for sleep –Adam Savader recalled that he would get 2-3 hours of sleep and be back on the job in the morning.

More talkative than usual or pressure to keep talking –Adam Savader was in the world of glib talkers where words were both weapons and currency. His pressured speech may have appeared to be normal in the company of fast talkers rather than the manic syptom it was.

Increase in goal-directed activity –Adam Savader describes himself as fully engaged and indefatigable during this period which he calls "the happiest time" of his life. He believed that he was helping to make history.

Finally, a Bipolar Manic episode is "*sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others."* Everything in Adam Savader's life took a back seat to his obsession with the campaign.

Mr. Savader manifests recurrent and persistent thoughts, impulses and images as intrusive and inappropriate and that cause marked anxiety or distress. They are far more exaggerated than excessive worries about his real-life problems. At the time of his late-night internet forays, Adam Savader had no insight into the recklessness and inappropriateness of his behavior. He describes a manic and dissociated-like state where he would lose track of time and find out that he had spent six hours at the computer. All of this never felt "real" to him as if what went on in the cyber world did not impact the real world. Eventually virtual reality became Adam Savader's only reality and he experienced psychotic paranoid thoughts.

Adam Savader believed that if he continued to work hard and demonstrate his usefulness and loyalty that there would be a "room" for him in the West Wing. The first blow for him was when Newt Gingrich lost the nomination. He quickly signed-on to the Romney campaign. When Romney's presidential bid failed, Adam Savader crashed.

Having dropped out of college and lost the central focus of his life, a depressed and dejected 19 year old Adam returned to his parents' home, his dreams shattered and his future course unclear. He began exhibiting symptoms of a Major Depressive episode and was treated by Dr. Behr with two SSRI anti-depressants –Wellbutrin and Zoloft.

Adam Savader experienced depressed mood most of the day, feeling worthless and empty. He no longer had any interest in his former pleasurable activities and his friendships suffered. His chronic sleep difficulties became unbearable and he reported that he sometimes

tossed and turned in bed until 8am. Adam Savader had recurrent thoughts of death, suicidal ideation without a specific plan but a feeling that the only way out of this mess was by dying.

Adam's Savader's early diagnosis of ADHD and recorded observations of manic behavior as a child may have been pro-dromal symptoms portending his adult development of Bipolar Disorder. The excitement, the frenzy and the ultimate disappointment in the campaign were major stressors that precipitated Adam's breakdown.

Adam's Savader's Bipolar mania, his OCD and his intense and crippling anxiety became a toxic triple-threat which interfered with his judgment and impaired his ability to control his behavior. The late night internet frenzies were like a drug to him which gave him a sense of being in control when he felt so inadequate and worthless in his life. To Adam Savader's impaired reasoning, his virtual reality had no more consequences in the real world than someone who plays a video game and violently blows away his opponents. Tragically, the first he realized that his behavior was real and negatively affected the lives of young women towards whom he had no malice, his fantasy world imploded and his real world came crashing down on him.

FORENSIC OPINION:

It is clinically apparent that Adam Savader experienced a period of manic symptoms during his involvement with the Republican presidential campaign and an ultimate breakdown into incapacitating depression when the campaign ended in defeat.

Adam Savader began his political involvement with membership in the College Republicans during his freshman year at George Washington University. He volunteered with the Newt Gingrich campaign from March of 2011 to April 26, 2012. Adam Savader became so immersed in campaign activities that he did not return home to Long Island for the summer of 2011 but stayed on campus in D.C. to help set up the new campaign office.

Adam Savader is not sure when he first began engaging in his illicit internet activities but he estimates that it was around May 2011 when he was so hyped-up with his interning that he could not sleep at night. He states that the first time he opened a girl's account was by accident. It happened when he got locked out of his own account and had to re-set passwords. Somehow he stumbled upon the fact that there was a predictable, logical and intuitive pattern to the security questions that people used. At first, he viewed it like a "puzzle" or a secret code he cracked and it felt like a game. When he was able to view the pictures, videos and other sexual content the girls had posted, it prompted him to engage in an e-mail interchange. He had no outside contact with the girls other than he knew them from high school or college classes. Only one girl, Ann Marie, was someone he knew as a friend.

There is no way to ascertain whether Adam Savader was taking his medication correctly or at all during his late night forays into cyberspace. What is certain is that offensive sexual behavior is not something that has characterized Adam Savader's functioning in the past. He is ashamed of this behavior and painfully regrets how it hurt Ann Marie, whom he considered a good friend, and the other girls.

When Adam Savader, completely by accident, found out that he could open other accounts he never expected to see sexual content. The thrill for him was being clever and getting into a person's private place. There was no sexual intent on his part. He could not anticipate what he would find in each girl's account. However, once he was bombarded by all these titillating videos and photos, he responded with his own sexual charade. To Adam Savader, it was all make-believe and never something he felt was real; much less, wrong or something that could cause pain to anyone. *"I never thought about how it affected them,"* he states sadly and apologetically.

By entering these private accounts, Adam Savader also saw information about credit cards, bank accounts and other financial matters. With that information, he could have committed financial fraud or identity theft. When I questioned him about this, he stated that he clearly understood at the time that using that information in any way would be criminal. He was not tempted to commit fraud.

The harassing and mean-spirited tone of the e-mails Adam Savader sent to the girls were typical of the "*abnormally and persistently elevated, expansive or irritable mood" (DSM-IV-TR)* consistent with his diagnosis of Bipolar Disorder. I am convinced that Adam Savader, in his compromised psychological condition, had no clear concept that his behavior towards these girls was criminal or that it would have caused them distress. If he had not suffered from all the mental illnesses and dynamics discussed above that so impaired his judgment and his ability to control his impulses, he would not have engaged in the behavior with which he is charged.

By November of 2011, the campaign was in full gear with a staff of 1500. Adam Savader began to idolize Newt Gingrich and develop what he viewed as a personal relationship with Callista Gingrich. He stopped attending class, his grades suffered and he ultimately failed out. Adam Savader stated that he usually worked at the campaign office more than fifteen hours a day, seven days a week. He no longer ate or slept on a regular schedule and he lost contact with his family and friends. The Newt Gingrich campaign became Adam Savader's whole universe, his sole reason for living.

He describes January 21, 2013 when Gingrich won in some of the primaries as the best night of his life. However, his joy was short-lived when he received a call that his father had a heart attack and was hospitalized. Pulled in competing directions and wracked by guilt, Adam Savader left the campaign office to be at his father's bedside in New York. It was an emotionally turbulent time for him. Fortunately, Mitchell Savader recovered and Adam was able to quickly return to what he saw as his real life and future with the campaign.

Adam Savader becomes emotional when he relates his despair on the night of April 23, 2013 when Newt Gingrich conceded and the bottom fell out of Adam Savader's world. He remembers that he was so depressed that he couldn't even get out of bed and that he frequently thought of killing himself. He was not able to sleep at night so he would sit for hours at his computer just surfing the internet trying to distract himself from his pain and fill the emptiness.

The high-pressured, high-stakes environment of a presidential campaign can take its toll on the most seasoned politician. It was simply too much for a naïve, idealistic and already psychologically compromised 19 year old. The experience exceeded Adam Savader's maturity, psychological integration, emotional stamina and coping mechanisms at all levels. When the campaign ended and Adam saw all his wishes and dreams vanish, it precipitated a major breakdown for him. With the major disappointment of the failed campaign behind him, every source of positive gratification, except his fantasy internet world, was full of conflict. He was prevented from addressing his problems alone because of paralyzing anxiety, depression and self-doubt and he could not depend on others because of deep social mistrust.

In an unpredictable, irrational and frantic reaction to his fear of abandonment and isolation, Mr. Savader became manic and inappropriate which damaged his security rather than eliciting the caring he seeks. Adam Savader is a psychologically fragile person who has intense needs for protection and reassurance to maintain his equilibrium. He became inordinately vulnerable to separation when the external sources of support were no longer available. When Adam Savader discovered that his political idols did in fact have feet of clay, it was devastating for him. As a consequence, he sank into a deep depression and drifted into a meaningless and ineffectual life pattern, spending endless hours in fantasy, aimlessly and unhappily in illicit internet pursuits.

Isolation terrifies him not only because he lacks a solid sense of self, but also because he is incapable of taking mature, self-determined and independent action. Expecting the worst, he is likely to perpetuate, if not create, the problems he anticipates, setting in motion difficulties that keep alive the concerns that currently underlie his anxious and depressed state.

It is my clinical opinion, that Adam Savader suffered from a serious mental illness which impaired his judgment and substantially interfered with his ability to control obsessive, manic and sexually inappropriate behavior. With his perception of reality severely compromised during his sleepless nights, he allegedly engaged in a frenzy of internet behavior which he believed at the time was *"not real because it was done on the internet."*

SUMMARY:

Adam Savader has suffered with serious, complex and pervasive mental illness for most of his young life. He has been treated by numerous doctors and prescribed dozens of psychotropic medications with marginal success. Through it all he has been cooperative and compliant with treatment.

He has no prior arrests or history of stalking or other sexually inappropriate behavior. Nor is there any evidence that he suffers from any sexual paraphilias.

Working in the pressure-cooker of a political campaign was possibly the worst environment for Mr. Savader with his intense anxiety, mood swings and obsessive-compulsive traits. The lines between reality and the fantasy of the cyber world were hopelessly intertwined for him.

Adam Savader suffered an acute mental breakdown during and after the campaign in 2011-2012. With the structure, the excitement and the grandiose aspirations of the political world destroyed, Mr. Savader's psychological symptoms took a bizarre detour into episodes of cyber stalking. In his emotionally deteriorated state, Mr. Savader's actions broke with reality and every moral code or value he espoused. It is my opinion that being arrested ultimately saved Mr. Savader's life since he was sinking into a state of psychotic depression so severe that he might have attempted the suicide he so often contemplated.

Presently, Mr. Savader is under the care of Dr. De Santis and Dr. Behr and participates in outpatient psychotherapy and medication supervision three times a week. He is extremely motivated to resolve his long-standing psychological problems and to repair the damage he has done to his own life and the lives of those he has so adversely affected. Through his dedication and effort, Mr. Savader has made remarkable progress in emotional growth and insight. His prognosis for rehabilitation is excellent.

RECOMMENDATIONS:

Adam Savader's mental illness is severe, pervasive, chronic and exacerbated by a deficient and inadequately developed personality structure. At present, any therapeutic interventions must couple aggressive medication management with comprehensive psychotherapy along with vigilance to the possibility of suicide attempts.

Once his clinical anxiety, depression and pathological personality functioning is stabilized attention should be directed toward goals that would aid in preventing a recurrence of his problems, focusing on the specific facts that led to his offense. A major goal is to prevent repetitive decompensation into anxiety, depressive or manic episodes.

In my thirty-nine year career as a Clinical/Forensic Psychologist and former New York State Narcotics Parole Officer, I have treated and supervised substance abusers, pathological gamblers, dangerous felons and the criminally insane. I continue to supervise cases, including sex offenders, through dual-supervision diversion programs with Probation Departments in Nassau and Suffolk Counties in New York. I am currently responsible for conditional bail supervision of several defendants for the New York Southern and Eastern District Federal Courts. It is this specialized training and experience that informs my clinical opinion that Mr. Savader poses no threat to public safety or the community welfare. Stringent and structured, insight-oriented psychotherapy will help Mr. Savader learn to manage his anxiety and mood fluctuations. Group therapy should also be employed to assist Mr. Savader in developing the social skills that he currently lacks.

I believe Mr. Savader is an excellent candidate for rehabilitation and will continue to mature and develop into the upstanding member of society he aspires to be if there is an intensive and comprehensive therapeutic plan in place for him. I am concerned that incarceration would not be the appropriate modality for accomplishing this goal. Further, my association with the psychiatric infirmaries in various facilities of the Bureau of Prisons informs me that the amphetamine-class medication that Mr. Savader requires to control his severe ADHD would not be available because of its extreme potential for addiction and abuse. The dosage and

number of different medications that are currently prescribed for Mr. Savader with intensive outpatient and family supervision would, in my opinion be beyond the scope of the level of care provided in these facilities. Even with that intense medication regimen. Mr. Savader requires constant monitoring and obtains only marginal relief from symptoms such as anxiety, depression and suicidality. Adam Savader's youth and immaturity in addition to his mental illness and pervasive personality dysfunction afford him few coping devices with which to face prison life.

I have worked extensively with the special mental health units of Federal Probation in the Eastern and Southern Districts of New York and I hold these Probation Officers in the highest esteem. I believe that Adam Savader's rehabilitation can best be served by a sentence of probation with mental health conditions. In my opinion, dual supervision by Probation and a mental health clinic with mandatory attendance at individual psychotherapy, group therapy and continued medication compliance would be the most effective way to promote Adam Savader's reintegration into the community and to avoid the serious threats to his mental state present in a sentence of incarceration.

Mindful of all the reasons discussed above, I respectfully recommend that the Government and the Court give compassionate consideration to a non-custodial sentence for Adam Savader with ongoing intensive mental health treatment and probation supervision focused on the therapeutic management of his Bipolar Disorder, ADHD and Obsessive-Compulsive Disorder.

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